

ALASKA PIONEER HOME		P&P No: 08.07
Title: Exposure Control Plan		Approval: D. COTE
Key Words: Standard Precautions, Engineering Controls, Work Practices, Recordkeeping		
Team: All Employees	Effective Date: 8/1/12	Page: 1 of 14

PURPOSE

To provide a guide for writing an individualized Home Exposure Control Plan (ECP). The ECP promotes a safe work environment by minimizing occupational exposure to blood borne pathogens for the employees of the Alaska Pioneer Homes (AKPH).

POLICY

The Exposure Control Plan (ECP) assists the AKPH in implementing and ensuring compliance with the OSHA standard 29 CFR 1910.1030, *Occupational Exposure to Blood borne Pathogens*.

The ECP includes:

- Exposure control implementation, including Standard Precautions, engineering controls and work practices, personal protective equipment, and housekeeping.
- Employee exposure determination.
- Post-exposure evaluation and follow-up.
- Recordkeeping.
- Evaluation of exposure incidents.
- Hazard communication to AKPH employees.
- Hepatitis B vaccination.

This policy and procedure lists items to consider and include in each Home's ECP.

Each Home customizes an ECP to suit the location and the resources available to the Home.

DEFINITIONS

Blood is human blood, human blood components, and products made from human blood.

Blood borne pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Contaminated is the presence of blood or other potentially infectious materials on an item or surface.

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Contaminated laundry has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated sharps are any contaminated objects that can penetrate the skin including needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination is the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering controls isolate or remove the blood borne pathogens hazard from the workplace (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems).

Exposure incident is contact with blood or other potentially infectious materials with an eye, mouth, other mucous membrane, non-intact skin, or parenteral that results from the performance of an employee's duties. Also called occupational exposure.

Hand washing facility is an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Other potentially infectious materials (OPIM) are human body fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures. Body fluid that is visibly contaminated with blood or is difficult or impossible to differentiate is OPIM.

Personal protective equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended as protection against a hazard are not personal protective equipment.

Regulated waste (bio-hazard) is:

- liquid or semi-liquid blood or other potentially infectious materials (OPIM);
- contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed;
- items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
- contaminated sharps; and
- pathologic and microbial wastes containing blood or OPIM.

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Sharps with engineered injury protections is a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature that effectively reduces the risk of an exposure incident.

Source individual whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Standard Precautions reduce the risk of transmission of blood borne and other pathogens from both recognized *and* unrecognized sources. They are basic infection control measures which are used in the care of all patients, such as hand washing

Work practice controls reduce the chance of exposure by changing the way a task is performed (e.g., prohibiting recapping of needles by a two handed technique).

PROCEDURE

I. Exposure Control Plan (ECP) Outline:

- A. Program administration
- B. Exposure Control Plan (ECP)
- C. Determination of employee exposure
- D. Methods to implement exposure control
 - 1. Standard Precautions
 - a. Personal hygiene
 - b. Personal protective equipment
 - c. Handling specimens
 - 2. Engineering controls
 - a. Sharps containers
 - 3. Work practices
 - a. Decontamination of blood spills and equipment
 - b. Regulated (biohazard) waste
 - c. Housekeeping
 - d. Labels
 - e. Work practice changes
 - 4. Employee prevention
 - a. Hepatitis B vaccine
 - b. Education and training about hazards
 - 5. Post-exposure procedure

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6. Recordkeeping
 - a. Medical records
 - b. Sharps injuries log
 - c. Employee training records

II. ECP Program Administration

- A. The AKPH staff responsibilities:
 1. Administrator implements the ECP.
 2. Infection Control Nurse (ICN) maintains, reviews, and updates the ECP:
 - a. At least every three years and whenever necessary.
 - b. Includes new tasks and procedures.
 - c. Ensures that employee health records are maintained.
 - d. Ensures that OSHA records are maintained.
 3. Employees who have occupational exposure to blood or OPIM comply with the procedures and work practices in this ECP.
 4. Supply department provides and maintains the necessary PPE in the appropriate sizes, engineering controls, labels, and red bags as required by the standard.
 5. Nurse manager ensures that medical actions that are required by the standard are performed.
 6. Education nurse trains, documents training, and ensures availability of the written ECP to charge nurses, OSHA, and NIOSH representatives.
 7. Housekeeping cleans surfaces contaminated with blood or OPIM, and wears protective equipment.
- B. All staff members who could be exposed to blood or OPIM use standard precautions when caring for residents or handling resident items.
 1. Use safe sharps equipment.
 2. Use puncture-resistant containers for the disposal of sharps.
 3. Perform disposal and handling of contaminated linen and waste in leak-proof containers.
 4. Use specimen containers for blood or OPIM which prevent leakage during collection, handling, processing, storage, transport, and shipping.
 - a. Specimen containers are marked with the universal recognized biohazard symbol.



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III. Exposure Control Plan (ECP)

- A. The ECP is the key to ensure compliance with the standard, and protect the AKPH employees.
- B. The ECP includes:
 - 1. Risk assessment of employee exposure.
 - 2. Exposure control methods that are implemented.
 - a. Standard precautions.
 - b. Engineering controls and work practices.
 - c. Personal protective equipment (PPE).
 - d. Housekeeping, cleaning, and disinfection.
 - 3. Hepatitis B vaccination.
 - 4. Post-exposure evaluation and follow-up.
 - 5. Communication of hazards and training for AKPH employees.
 - 6. Record keeping.
 - 7. Investigation of exposure incident.
- C. All AKPH employees are educated:
 - 1. Receive an explanation of the ECP during their new employee orientation to the Home.
 - 2. Review the ECP during the annual education workshop.
 - 3. The ECP can be reviewed online at any time by viewing this policy in the AKPH policies and procedures, 08.07 *Exposure Control Plan*.
 - 4. Education includes the definition of blood borne pathogens, prevention of exposure through standard precautions, use of safe sharps and personal protective equipment, and the procedure for reporting an exposure.
 - 5. The Home education nurse keeps records of staff training.

IV. Determination of AKPH Employee Exposure

- A. AKPH job classification includes full time, part time, temporary, contract, and per diem employees.
- B. Exposure categories indicate degree of direct contact with blood and OPIM (other potential infectious material) while performing job duties.
 - 1. *Primary* exposure category has direct contact with blood and OPIM during normal work duties.
 - 2. *Collateral* exposure category may have direct contact with blood and OPIM during normal work duties.

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3. *Other* exposure category has no direct contact with blood and OPIM during normal work duties.

C. Primary exposure category:

1. Includes nurses, nursing students and instructors, CNAs (certified nurse aides), assisted living coordinators, medical care providers, and housekeepers.
2. Job duties that may involve direct contact with blood and OPIM:
 - a. Social resident contact.
 - b. Surface contact with OPIM.
 - c. Resident care involving body fluids.
 - d. Handling needles, specimens, and razors.
 - e. Performing sharps tasks.
 - f. Handling regulated waste.

D. Collateral exposure category:

1. Includes dietary staff, maintenance staff, and nurse managers.
2. Job duties that may involve direct contact with blood and OPIM:
 - a. Social resident contact.
 - b. Surface contact with OPIM.
 - c. Resident care involving body fluids.
 - d. Handling regulated waste.

E. Other exposure category:

1. Includes activities staff, administrative staff, volunteers, nurse consultant, hairdresser, and supply staff.
2. Job duties that may involve direct contact with blood and OPIM:
 - a. Social resident contact.
 - b. Surface contact with OPIM.
 - c. Scissors activity with residents.
 - d. Resident care involving body fluids.
 - e. Trimming residents' hair with scissors or razor.
 - f. Handling regulated waste.

V. Methods to Implement Exposure Control

- A. Standard precautions apply to blood, all body fluids, secretions, and excretions except sweat, non-intact skin, and mucous membranes.

1. *Personal hygiene*
 - a. Hand washing is the most important and easiest practice used to prevent transmission of blood borne pathogens.

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- b. Hands and exposed skin should be washed as soon as possible following an exposure incident, and after removal of disposable gloves and personal protective equipment.
 - c. Use antibacterial soap, and avoid harsh, abrasive soap.
 - d. Hand washing facilities are located in residents' rooms, public restrooms, and nursing offices.
 - e. Antiseptic hand cleanser is used if hand washing facilities are not immediately available.
 - f. AKPH staff that is working in an area with potential exposure will not eat, drink, apply cosmetics, or handle contact lenses.
- 2. *Personal protective equipment (PPE)*
 - a. AKPH staff wears appropriate PPE in situations where potential exposure to blood borne pathogens is present.
 - b. It is important to have a barrier between the staff member and the potentially infectious material.
 - c. PPE includes disposable gloves, gowns, shoe covers, and face shields and masks, and is provided to AKPH staff at no cost to them.
 - d. Training in the use of the appropriate PPE for specific tasks is provided during orientation to the Home.
 - e. Disposable gloves are for single use only.
 - f. Face and eye protection are worn when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.
 - g. PPE that is torn, punctured, or has lost its ability to function as a barrier to pathogens is removed and replaced.
 - h. PPE is removed and placed in an appropriate labeled container before leaving the work area.
 - 1) Used PPE is disposed in the regular trash.
 - 2) If PPE is soiled with blood, it is disposed in a regulated waste container/red bag.
 - i. PPE is stocked by the supply department.
- 3. *Handling specimens*
 - a. Specimens of blood or other potentially infectious materials are placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimen.
 - b. The specimen container is labeled or color coded in accordance with the OSHA (Occupational Safety and Health Administration) standard.
 - c. The Homes use the following specimen containers:
 - 1) Blood tubes
 - 2) Urine containers
 - 3) Stool containers
 - 4) Swab cultures

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- d. AKPH uses standard precautions to handle specimens.
 - e. Specimen containers are placed in biohazard laboratory bags, then in the labeled refrigerator/freezer for lab specimens.
 - f. The specimens are transported to the designated lab facility for processing.
- B. Sharps disposal containers are engineering controls that are used to prevent or minimize exposure to blood borne pathogens.
 - 1. Sharps include any disposable items that could puncture the skin, such as needles, syringes, lancets, or broken glass.
 - 2. Contaminated sharps are discarded immediately in containers that are closed, puncture-resistant, leak-proof on sides and bottom, and appropriately labeled or color coded.
 - 3. Sharp disposal containers are replaced when $\frac{3}{4}$ full to prevent overfilling.
 - 4. Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken.
 - 5. Housekeepers and custodians can be cut by improperly disposed needles and broken glass, exposing them to infectious material on the sharp.
 - 6. Sharps are disposed with care to protect self and others.
 - 7. Before transporting the sharps container, it must be closed and locked to prevent spillage or protrusion of contents.
 - 8. Handle broken glass with tongs or brush the glass into a dustpan; the glass is not picked up with hands. Transfer to an appropriate sharps container.
 - 1) Broken glass that is not contaminated can be disposed in a closable, puncture-resistant container such as a cardboard box or coffee can.
- C. Work practices
 - 1. Decontamination of surfaces, tools, equipment, and objects that come in contact with blood or potentially infectious materials is done as soon as possible.
 - a. Home standard disinfectant is used.
 - b. Equipment and tools are cleaned and decontaminated before servicing or being returned to use.
 - c. Resident care equipment or other objects containing blood are disinfected for at least 10 minutes before cleaning.
 - d. A blood spill is covered with a paper towel, then standard disinfectant is poured over the towel and left for at least 10 minutes.
 - 1) Ten minutes ensures that blood borne pathogens are killed before cleaning and wiping up the blood.
 - 2) Covering the spill with a paper towel decreases the chance of a splash when pouring on the liquid disinfectant.

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- 3) Wipe up blood spill with disposable products, then place them in a biohazard container.
2. Regulated (biohazard) waste
 - a. Regulated waste refers to:
 - 1) Liquid or semi-liquid blood or OPIM.
 - 2) Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed.
 - 3) Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling.
 - 4) Contaminated sharps.
 - 5) Pathological and microbiological waste containing blood or OPIM.
 - b. Regulated waste is placed in a properly labeled container or red biohazard bag, and disposed at an approved facility.
 - c. Regulated waste is placed in a container which is:
 - 1) Closable.
 - 2) Constructed to contain all contents.
 - 3) Leak-proof.
 - 4) Labeled or color-coded appropriately.
 - 5) Closed prior to removal to prevent spillage or protrusion of contents during handling.
3. Housekeeping
 - a. Handling sharps
 - 1) Broken glassware, syringes, or needles are picked up with mechanical means, such as tongs, forceps, or brush and dustpan.
 - 2) Never place pressure on a garbage bag due to sharp objects piercing the bag and the skin.
 - b. Laundry
 - 1) Linen contaminated with blood and body fluid is laundered by the Home.
 - 2) Laundering is performed daily by the housekeeping department in the Home laundry room.
 - 3) Contaminated laundry is handled as little as possible.
 - 4) Wet contaminated laundry is placed in a water proof bag marked with a biohazard symbol.
 - 5) PPE gloves and gown are worn when handling and sorting contaminated laundry.
4. Labels
 - a. Warning labels are affixed to:
 - 1) Regulated waste containers.
 - 2) Refrigerators and freezers containing blood or OPIM.
 - 3) Containers used to store, transport, or ship blood or OPIM.

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- b. Labels are fluorescent orange, red, or orange-red, and available from supply.
 - c. Regulated waste bags:
 - 1) Red color with biohazard symbol readily visible.
 - 2) Regulated waste is double bagged to guard against leakage if the first bag is punctured.
 - d. The following labels are used in the Homes:
 - 1) Regular trash bins are labeled *Trash*.
 - 2) Regular dirty linen bins are labeled *Laundry*.
 - 3) Trash which contains blood, body fluids, and OPIM goes into a red biohazard bag and into the biohazard container.
 - 4) Linen which contains blood, body fluids, and OPIM goes into a yellow biohazard bag and into the yellow laundry container.
 - 5) Sharps containers are red with a biohazard symbol on them.
 - 6) Specimens are labeled with an orange biohazard symbol.
 - 7) Specimen refrigerators are labeled with an orange biohazard symbol.
 - 8) Specimen transport containers are labeled with an orange biohazard symbol.
 - e. AKPH employees notify their supervisor if they discover regulated waste or sharps containers with improper labeling.
 - 5. Changes are made in work practices, disposal of contaminated needles, and engineering controls.
 - a. The change is identified and evaluated by front-line staff and Home management:
 - 1) Supply department notifies that a new product is available.
 - 2) OSHA information is reviewed and evaluated.
 - 3) The Sharps Committee in each Home manages the trial of new syringes, needles, and sharps and submits an evaluation report.
 - 4) Employee suggestions and trial of new products.
 - 5) Quality assurance reports and performance measures are evaluated.
 - 6) Literature review and best practices guidelines.
- D. Employee prevention
- 1. Hepatitis B vaccine
 - a. Hepatitis B is a virus, a blood borne pathogen (germ) that lives in human blood.
 - b. CNAs, nurses, housekeepers, and maintenance workers are routinely exposed to this pathogen.
 - c. If the CNA, nurse, housekeeper, or maintenance worker declines the Hepatitis B vaccine series, a declination form is signed by the employee and placed in the health record.

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- 1) The employee can reconsider and receive the vaccine series at any time during their employment thereafter.
- d. The Hepatitis B series includes three vaccines given over a 6-month period. The 6-month period can be extended but not shortened.
- e. The vaccine series is offered at no cost to the employee and started within 10 days of start of employment.
- f. The series builds the body's immunity to the Hepatitis B virus.
- g. Hepatitis B immunity can be confirmed with an antibody blood titer that is evaluated by a laboratory.
- h. At this point, immunity can be assured for 15-20 years.
- i. There is no danger of contracting the virus from the vaccines.
2. Employee education and training about hazards
 - a. Employees who are exposed to blood borne pathogens in the workplace receive initial and annual training by the infection control nurse in the Home.
 - b. Employee training sessions include the following:
 - 1) The epidemiology, symptoms, and transmission of the diseases caused by the blood borne pathogens.
 - 2) An explanation of the OSHA blood borne pathogen standard.
 - 3) Factors that determine an exposure incident.
 - 4) Methods to recognize tasks and activities that involve exposure to blood and OPIM.
 - 5) Signs, labels, and color coding used in the Homes that are required by the OSHA standard.
 - 6) Use and limitations of engineering controls, PPE, and work practices.
 - 7) Types of PPE, basis for selecting PPE, uses, locations, removal, handling, and disposal of PPE.
 - 8) Hepatitis B vaccine information about efficacy, safety, administration, vaccination benefits, and no cost to the employee.
 - 9) Actions to take and persons to contact in an emergency involving blood or OPIM.
 - 10) The procedure to follow after an exposure incident has occurred, i.e. reporting incident, completion of State forms, referral to a health care professional, and medical follow up.
 - 11) Post-exposure evaluation that the employer provides for the employee.
 - 12) An opportunity for questions and answers with the person conducting the training session.
- E. Post-exposure procedure
 1. At the time of the incident:

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- a. Wash the exposed area thoroughly with non-abrasive antibacterial soap and running water.
- b. An exposure incident occurs when blood or OPIM contacts the eye, mouth, or other mucous membrane, non-intact skin, or parenteral route.
 - 1) If the eyes or mucous membrane is exposed, flush the affected area with running tepid water for 15 minutes.
 - 2) Parenteral is taken into the body in a manner other than through the digestive canal (mouth, stomach, intestines).
- c. When the employee or supervisor thinks that an exposure incident has occurred, the infection control nurse or the charge nurse evaluates the incident to determine if exposure has occurred.
- d. If the supervisor is not available, the charge nurse assumes supervisory responsibility.
- e. The nurse who evaluates the exposure incident documents the decision of whether exposure has or has not occurred.
 - 1) Exposure documentation includes the route of exposure, body fluid, task being performed, date, time, and use of PPE.
 - 2) Employee immunities and vaccinations status are considered.
 - 3) The nurse obtains consent from the source individual for a blood test for blood borne pathogens. A verbal consent or lack of resistance from the resident or family member, if the resident is not cognizant, is sufficient.
 - 4) Lab testing for Hepatitis B (HBV) and Hepatitis C (HCV), and HIV are performed.
- f. Alaska State forms to complete:
 - 1) 02-921, Report of Occupational Injury or Illness.
 - 2) 02-932, Supervisor's Accident Investigation Report.
 - 3) AKPH Quality Assurance Tool (QAT).
 - 4) 06-1544, Blood borne Pathogens Exposure Incident Report.
 - 5) 06-1546, Blood borne Pathogens Exposure Supervisor's Report.
 - 6) 06-1548, Blood borne Pathogens Exposure Source Individual Report.
2. Send the exposed employee to visit a physician.
 - a. If the nurse deems the incident to be an exposure, the employee is directed to the supervisor.
 - b. The supervisor, infection control nurse, or the charge nurse directs the employee to visit a physician in an office, clinic, or in a hospital ER for evaluation and blood tests.
 - 1) The immunity status of the employee and infection status of the source are taken to the evaluation.
 - 2) If the source is HBV positive, immune globulins and HBV vaccination may be given.

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- 3) Employee blood tests establish a baseline for HBV, HCV, and HIV infection.
- 4) HBV, HCV, and HIV infection take weeks or months after exposure to appear in laboratory blood tests.
- 5) If the employee baseline tests indicate infection, it did not occur from the exposure.
- c. If the source individual is already known to be HBV, HCV, or HIV positive, new testing of the source is not necessary.
- d. The infection control nurse collects the source blood sample as soon as possible after the incident.
- e. The exposed employee and their physician are given the source's test results when available. HIPAA privacy rules are followed.
3. Evaluation and follow up
 - a. The infection control nurse and risk manager review the circumstances of the exposure incident to determine:
 - 1) Engineering controls that were used.
 - 2) Work practices that were followed.
 - 3) Type and brand of the device being used.
 - 4) PPE that was worn during the incident.
 - 5) Incident location, such as resident room.
 - 6) Task being performed when the incident occurred.
 - 7) Employee's orientation and training.
 - b. The infection control nurse:
 - 1) Records percutaneous injuries from contaminated sharps in a sharps injury log.
 - 2) Ensures that appropriate changes are made for safer devices and work practices.
 - 3) Maintains findings and lab work from the incident as confidential.
- F. Record keeping
 1. Medical records are maintained for each employee with occupational exposure, in accordance with *Access to Employee Exposure and Medical Records*, 29 CFR 1910.1020.
 - a. Medical records include results of exams, medical testing, and post-exposure records.
 - b. Records indicate that the employee was informed of the results, and told about medical conditions resulting from the exposure.
 - c. The infection control office maintains the employee's records for the duration of employment plus 30 years.
 - d. Requests for records are sent to the infection control nurse.

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- e. The infection control nurse provides the records within 15 working days of the employee's request.
- 2. Sharps injury log records all percutaneous injuries from contaminated sharps.
 - a. Sharps injury log includes the following information:
 - 1) Name of employee.
 - 2) Date and time of the injury.
 - 3) Type and brand of the device involved, such as syringe, needle, or lancet.
 - 4) Work location where the injury occurred.
 - 5) How the injury occurred.
 - b. The sharps log is reviewed annually and maintained for six years following the incident.
 - c. Names of people are removed from copies of the sharps log.
- 3. Employee training records
 - a. The education nurse maintains training records for each employee.
 - b. Training records are kept for at least three years.
 - c. Training records include:
 - 1) Name and job title of participants.
 - 2) Date of training session.
 - 3) Subject material covered in the training session.
 - 4) Time duration of the training session.
 - 5) Name and qualifications of the trainer or instructor.
 - d. Training records are provided by the education nurse to the employee within 15 working days upon request.

HISTORY OF REVISIONS

New: 1/1/12
 Revised: 2/28/12; 7/20/12
 Reviewed: 2/28/12

ATTACHMENTS

REFERENCES